

***RYAN WHITE PART A PROGRAM
SERVING THE MIDDLESEX, SOMERSET, HUNTERDON
TRANSITIONAL GRANT AREA***



Service Standards for Oral Health Care

Ryan White HIV/AIDS Treatment Extension Act of 2009

Approved November 12, 2019

**Prepared by Service Standards and Integrated Care Plan Committee of the
Middlesex-Hunterdon-Somerset HIV/AIDS Health Services Planning Council**

Oral Health Care Definition:

HRSA definition: Oral health care services provide outpatient diagnostic, preventative and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, and licensed dental assistants.

Source: HIV/AIDS Bureau Policy Clarification Notice (PCN) #16-02 (2017)

Agency Service Standards (Oral Health Care Treatment)

Table 1. Agency Related Issues			
Policy Number	Activity/Issue	Minimum Acceptable Threshold of Service	Accountability Mechanism
1.1	Definition of services	Agency has description of services on file that comply with TGA Standards of Care for Oral Health Care.	100% of agencies will provide services according to the MSHTGA Standards of Care definition.
1.2	Licensure and Accreditation	Agency has current licenses and accreditation on file from appropriate licensing agency.	100% of agencies are licensed and accredited by appropriate state and federal agencies.
1.3	Hours of operation	Agency has documentation of operating hours on file.	Staff members are available to answer incoming calls during agency's normal operating work hours. If client calls within operating hours, staff will respond within 24 business hours.
1.4	Emergency services	Agency has policy on file outlining emergency service procedures related to the service they provide.	100% of agencies will have policies in place to handle emergencies/crises that occur outside of normal operating hours.
1.5	Special service needs	Agency complies with Americans Disabilities Act (ADA).	100% of agencies have policies to respond to special needs clients.
1.6	Cultural/Linguistic diversity	Agency has written policy on file including process for language translation.	100% of agencies have policies in place for responding to cultural and linguistic diversity (including translation services).
1.7	Care Coordination	Agency coordinates treatment with the Ryan White care team.	100% of agencies will have a process for coordination of HIV care.
1.8	Linkages	Agency has written policy for establishing linkages and record of linkages on file.	100% of agencies will develop and maintain linkages with primary health care, support and other service providers.

Table 1. Agency Related Issues			
Policy Number	Activity/Issue	Minimum Acceptable Threshold of Service	Accountability Mechanism
1.9	Provider communication	Agency has written policies on file that allow for communication between different programs. Documentation of consent is required.	100% of providers document communication regarding patient care (HRSA funded services and others.)
1.10	Policies and procedures	Agency has written staff policies on file.	100% of agencies have written policies for staff which include (but are not limited to): <ul style="list-style-type: none"> • Agency policy and procedures • Agency has a description of the Ryan White Treatment Extension Act of 2009 • Standards of professional behavior • Compliance with the Health Insurance Portability and Accountability Act [PL 104-191] • Client confidentiality • Release of information • Communication about agency issues • Health and safety procedures including universal precautions • Complaint and grievance procedures
1.11	Staff evaluation	Agencies have procedures in place to evaluate staff.	100% of agencies have evaluation procedures on file. 100% of agency staff has a working knowledge of evaluation procedures. 100% of agency staff receive an annual performance evaluation

Table 1. Agency Related Issues			
Policy Number	Activity/Issue	Minimum Acceptable Threshold of Service	Accountability Mechanism
1.12	Quality management	Agencies have procedures in place to evaluate the quality and effectiveness of dental care on an ongoing basis.	<p>100% of agency has written procedures on file to evaluate oral health care services.</p> <p>100% of agency staff has a working knowledge of evaluation procedures.</p> <p>Agency participates fully in TGA Quality Management activities including data and chart review processes.</p>
1.13	CARE Ware data collection	<p>Monthly reports are sent to grantee and are available on request.</p> <p>CARE Ware is used to ensure data is collected in a uniform manner</p>	100% of agencies regularly update client information, needs assessment, client progress and care and client referrals and other services provided and share monthly reports with grantee.
1.14	Planning Council attendance	Agency representatives must attend monthly Planning Council meeting	Agency must attend 75% of monthly Planning Council meetings

Staff Service Standards (Oral Health Care Treatment)

Table 2. Staff Related Issues			
Policy Number	Activity/Issue	Minimum Acceptable Threshold of Service	Accountability Mechanism
2.1	Staff hiring	All staff will have necessary skills and experience determined by <ul style="list-style-type: none"> • Written application • Resume • References • Personal interview 	100% of staff have application, resume, and communication with personal references are documented in personnel files.
2.2 (a)	Staff qualifications	Participating dentists, dental hygienists, and auxiliaries will possess appropriate license, credentials and expertise as required by the State of New Jersey.	100% of oral health professionals have current degrees, licensing, certificates and resumes on file.
2.2 (b)	Staff qualifications Peer Navigator	A member of the peer community living with HIV/AIDS with a high school diploma or GED, plus two years of social service experience. Peer must demonstrate understanding of HIV services and healthcare service navigation.	100% of staff possesses a diploma/GED with the required experience documented in personnel file.
2.3	Staff job descriptions	All staff will be given a written job description.	100% of staff has job description documented in personnel file.
2.4	Staff continuing education	All participating dentists, dental hygienists and auxiliaries must have HIV specific continuing education on a yearly basis.	Training is documented in 100% of personnel files.
2.5	Policies and procedures	Signed form is documented in personnel file.	100% of staff agrees to follow agency policies and procedures (See 1.10).
2.6 (a)	Staff supervision	All supervisors are knowledgeable about RW HIV procedures including fiscal and program.	100% of supervisors are knowledgeable about RW program. Supervision is documented in personnel file.

Table 2. Staff Related Issues			
Policy Number	Activity/Issue	Minimum Acceptable Threshold of Service	Accountability Mechanism
2.6 (b)	Staff supervision Peer Navigator	All peer navigators will receive (at minimum) one hour supervision per week to include patient case conference, peer navigator job performance, and skill development	All peer navigators will receive (at minimum) one hour supervision per week to include patient case conference, peer navigator job performance, and skill development.
2.7	Staff evaluation	Staff evaluations are documented in personnel files.	100% of staff is evaluated on their performance annually.
2.8	Oral health charting	All staff will keep written documents of contact with clients and client progress in accordance with RW data collection procedures	100% of all contacts and client progress are documented in client files..

Client Service Standards (Oral Health Care Treatment)

Table 3. Clinical Care Issues			
Policy Number	Activity/Issue	Minimum Acceptable Threshold of Service	Accountability Mechanism
3.1	Assessment	Conduct a limited exam (D0140) and caries risk assessment based on the American Dental Association (ADA) standards (ADA code D0601, D0602, D0603)	95% of clients are assessed using a standardized ADA tools or other acceptable tool.
3.2	Intake/history	Provider completes a health/dental history at the initial visit. (Dental providers may request additional tests before initiating invasive procedures.)	90% of charts document the following: <ul style="list-style-type: none"> • Confirmation of HIV status via laboratory results; • Diagnostic studies performed within six months prior to dental appointments, include: <ul style="list-style-type: none"> • CBC laboratory results. • Viral Load and CD4. • List of current medications
3.3	Oral exam	Provider conducts a Phase One Comprehensive Oral Exam at the initial visit and then bi- annually. (ADA code D0150 or D0120)	95% of charts document a comprehensive oral exam, a periodic oral evaluation & oral health education.
3.4	Treatment Plan	Provider will complete a comprehensive Assessment and Plan. Treatment options should be those that are accepted as effectual in the treatment of HIV and include oral hygiene and regular dental care. Treatment Plan is reviewed & updated as necessary by the dental provider.	95% of charts document an assessment and plan including oral hygiene and regular dental care.
3.5	Follow Up	Clients that Do Not Keep Appointments (DNKA) are tracked. Reminder phone calls to be made 24-48 hours before the appointment and documented.	95% of charts document missed appointments. 95% of charts show communication to the referral source of missed appointment.

3.6	Specialty Care	<p>Clients are referred to specialty care in accordance with the clients' needs, Assessment and Plan, and availability of funds to pay for referrals if a Ryan White</p> <p>Provider is not able to meet clients' needs and plans.</p> <p>In the case of a dental emergency/complication being experienced by a Client; the Client will be called back and scheduled within 24 hours of the inquiry and by the appropriate specialist if need be.</p>	<p>95% of charts document referrals to specialty care for clients as needed.</p> <p>95% of all Client emergencies are followed up chart documentation.</p>
3.7	Care Coordination	Client referred to specialty services are followed-up.	90% of charts document follow-up with specialty care.